

## SUPERVISING PHYSICIAN FORM

The Supervising Physician must designate one alternate supervising physician to oversee the medical resident/student during the supervising physician's temporary absence. Please complete and return form to the Idaho State Board of Medicine, PO Box 83720, Boise, ID 83720-0058 – Express Mail: 1755 Westgate Dr., #140, Boise, ID 83704.

Date Received

Fee

Approved By

Date Approved

Medical Resident/Student Name:

### SUPERVISING PHYSICIAN

Name:

Last

First

Initial

Idaho Medical License No.

Address:

Street

Telephone

City

State

Zip Code

I certify that I have read the Rules of the Board of Medicine for Registration of Supervising and Directing Physicians.

Signature

Date of Signature

*Initial Registration fee for primary supervising physician is \$50.00*

### ALTERNATE SUPERVISING PHYSICIAN

Name:

Last

First

Initial

Idaho Medical License No.

Address:

Street

Telephone

City

State

Zip Code

I certify that I have read the Rules of the Board of Medicine for Registration of Supervising and Directing Physicians.

Signature

Date of Signature